

State of Nevada
Board of Cosmetology

1785 E. Sahara, #255
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State of Nevada
Board of Cosmetology
4600 Kietzke Lane Bldg O Suite 262
Reno, NV 89502
Phone (775) 688-1442
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DUPLICATE LICENSE APPLICATION

Please print the information below:

DATE: _____ PN#: _____

NAME: _____
First Middle Last

ADDRESS: _____

PHONE: _____

EMAIL: _____

Instructions:

- Requires 2 current identical PASSPORT photos:
 - Taken within the last 3 months
 - Color photos ONLY on Glossy Photo paper with a white background
 - Prints on paper are not acceptable
 - Face forward, no hats or sunglasses in frame
 - Name and/or license number printed on the back of the pictures
- Duplicate license fee of \$25.00 in Money Order or Cashier's check:
 - Make payable to *Nevada Board of Cosmetology*
 - Credit/Debit transactions require a matching government issued photo identification
 - No Cash or Personal Checks
- A copy of legal proof of name changes such as a marriage certificate, a divorce decree, or citizenship papers are required if you are changing your name.

CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three boxes will result in denial of the application/renewal**):

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am subject to** a court order for the support of one or more children **and am in compliance** with the order or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Licensee's Social Security number: _____ Date: _____

Signature of Licensee: _____

Pursuant to NRS 644.212 and NRS 644.214 Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.190 to 644.330, inclusive, shall submit to the board the statement prescribed by the welfare division of the department of human resources pursuant to NRS 625.520. The statement must be completed and signed by the applicant, and must include the social security number of the applicant.

Office Use Only	Received	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Receipt #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount Paid:	<input type="text"/>
M M D D Y Y Y Y						
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Business Check	<input type="checkbox"/> Voucher		

Revised 8/1/2013

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Posted 11/21/2013